

CCRSS PROVIDER NAME	CERTIFICATION NUMBER	RCS CONTRACTED EVALUATOR / STAFF NAME	CERTIFICATION EVALUATION DATES
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ATTACHMENT K



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
RESIDENTIAL CARE SERVICES
CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)
CCRSS Staff Background Check and Record Review

Staff Identifier	WACs	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF
Name	388-101D								
Hire Date									
Date WA State Name and Date of Birth (WNOB) background check completed	0075								
WNOB Result Type		<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A
Date of Character, Competence and Suitability Review (CCSR) following WNOB. N/A if no record		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Lives out of state?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Final Fingerprint (FP) Check completed	0070								
Fingerprint Result Type	0070	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A
FBI Record of Arrests and Prosecutions (RAP), in file?		<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A
Date of CCSR following FP check. N/A if no record		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

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ATTACHMENT K



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
RESIDENTIAL CARE SERVICES
CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)
CCRSS Staff Background Check and Record Review

Staff Identifier	WACs	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF
Name	388-101D								
Hire Date									

Each box for a sampled staff should be completed or have further explanation.
Result Type Meanings: NR – No Record; RR – Review Required; D – Disqualify; A – Additional Information needed.

Training before working alone (IISP, emergency procedures, reporting regulation, client confidentiality)	0095								
Training within four weeks	0055, 0100								
75 hours basic training within 120 days – indirect supervision or exemption letter required until then	0055, 0100	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter
Staff Training within six months	0105								
Bloodborne Pathogens	0090								
First Aid and CPR (within first six months and current)	0105, 0110								
Nurse Delegation Training	0160								
NAR / NAC Training	0150, 0315								
CP Training	0480								
Continuing Education (12 hours per calendar year)	0100								
Annual review of DSHS 10-403 (Abuse / Neglect)	0500								

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AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
RESIDENTIAL CARE SERVICES
CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)
CCRSS Staff Background Check and Record Review

Staff Identifier	WACs	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF
Name	388-101D								
Hire Date									
The following question is setting specific, if N/A is marked, if the certification is not for a GTH, the entire row will be considered N/A.									
TB Test (GTH only)	0655								

Notes

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ATTACHMENT L



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
 RESIDENTIAL CARE SERVICES
 CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

**CCRSS Group Training Home
 Food Service Review**

Food Service must meet the requirements of WAC Food Code Chapter 246-215 and WAC 388-101D-0575.

Check if this GTH serves six or less clients, or was certified before 01/01/2019, the rest of the form is not required.

A. Food Services: General observation of kitchen and staff (wear a hair restraint per regulation and facility policy).

- Overall cleanliness of kitchen area (06505)
- Proper hand hygiene and glove use (02305 and 02310) during food preparation and service
- Staff cleanliness, use of hair restraints and hygienic practices (02325, 02335, 02410)
- Food stored with proper temperature controls (for example, no potentially hazardous foods, such as beef, chicken, pork thawing at room temperature) (03510)
- Food from approved sources (03200) (for example food from known providers, no home prepared items)
- No ill food workers present (02220)
- Chemicals labeled and properly stored (07200)
- Person in charge to provide a copy of the food handlers' cards for meal preparation staff observed during the meal observed in this inspection. (02120)
- Person in Charge or designee describes process for staff to report illnesses and procedures used when an ill food worker reports an illness (02205, 02220, 02225)
- Person in Charge or designee describes proper dishwashing procedure that follow manufacture guidelines for temperature or chemical controls (04555, 04560)
- Person in Charge or designee describes steps taken to prevent cross-contamination of food items (03306)

Notes:

B. Food Preparation and Service: Observe for proper food preparation, thawing of frozen items, areas used for food preparation, and proper temperature controls, for example.

- Person in Charge or designee describes how food contact surfaces are thoroughly cleaned/rinsed/sanitized (4640 washing, 04645 rinsing, 04700 sanitization)
- Person in Charge or designee describes process to check food temperatures
- Person in Charge or designee identifies proper cooking time and temperatures for potentially hazardous foods (for example, poultry 165°F, ground meat at least 155°F, fish, and other meats 145°F) (02115, 03400)
- Person in Charge or designee describes how food items are properly reheated (03400)
- No bare hand contact with ready to eat foods, except during the washing of fruits and vegetables (03300)
- Proper hand hygiene and glove use (see above)
- Fruits and vegetables are thoroughly rinsed (washed) (03318)
- Hot foods held at ≥135°F prior to serving (03525) **(facility can check food temperature in your presence or you can check temperature of food with your sanitized thermometer)**
- Cold foods held at ≤41°F prior to serving (03525) **(facility can check food temperature in your presence or you can check temperature of food with your sanitized thermometer)**

Notes:

CCRSS PROVIDER NAME		CERTIFICATION NUMBER
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C. Food Storage: Observe for food storage to prevent contamination and to promote proper temperature controls.		
<input type="checkbox"/> Storerooms free from rodents and pests (06550) <input type="checkbox"/> Refrigerator temperature is maintained at ≤41°F (internal temperature of potentially hazardous food must be at ≤41°F) (03525) <input type="checkbox"/> Foods are frozen in freezer (no specific temperature requirement) (03500) <input type="checkbox"/> Raw meats stored below or away from ready to eat food (03306) <input type="checkbox"/> Potentially hazardous foods are properly cooled (within two hours going from 135°F to 70°F and then to ≤41°F within a total of six hours or following the rapid cooling procedure of continuous cooling in a shallow layer of 2 inches or less, uncovered, protected from cross contamination, in cooling equipment maintaining an ambient air temperature of ≤41°F or other methods as described in regulation) (03515)		
Notes:		
D. Menus: General observation of meal planning.		
Does the menu support client needs / choices / rights? <input type="checkbox"/> Yes <input type="checkbox"/> No Consider the following: <ul style="list-style-type: none"> • Alternate choices for entrees are available • Menus are posted • Variety • Nutritious 		
Notes:		
E. Dining Services: General observation of dining.		
Do the dining services support client needs / choices / rights? <input type="checkbox"/> Yes <input type="checkbox"/> No Consider the following: <ul style="list-style-type: none"> • Meets clients' dietary needs • Matches the menus • Adaptive equipment available per need • Accommodation for wheelchairs (if applicable) • Clients prepared for meals (dentures, glasses, hearing aids) • Attractively served, palatable, and served at proper temperature (in dining area and client rooms) • Client who need assistance receive it timely, appropriately, and in a dignified manner • Meals distributed timely (clients seated together are served and assisted concurrently) • Sufficient staff are available to serve and assist • Dining atmosphere is pleasant and there is enough space • Clients are allowed sufficient time to eat • Accompanying family members are accommodated 		
Notes:		

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AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
RESIDENTIAL CARE SERVICES

ATTACHMENT N

CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

CCRSS Certification Evaluation Administrator Record Review and Interview

Record Request (this checklist is a tool as to what records may be requested, boxes are not required to be checked)

<input type="checkbox"/> Staff list and location of staff records <input type="checkbox"/> Updated Client Characteristic Roster (DSHS 10-691 optional resource for provider – they may choose to provide the same information in their format of choice) <input type="checkbox"/> Provider insurance <input type="checkbox"/> Organizational chart <input type="checkbox"/> Client records in sample and location (IISP, MARs, ETR / ETPs, PBSP and FA, if applicable) <input type="checkbox"/> Cost report	<input type="checkbox"/> Community Protection Program (CPP) site approvals (if applicable) <input type="checkbox"/> Incident reports (previous 24 months) and location <input type="checkbox"/> Policies and procedures <input type="checkbox"/> Emergency and disaster plan <input type="checkbox"/> Infection Prevention and Control procedures <input type="checkbox"/> Other (specify):
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Administrator (or Designee) Interview Questions

STAFF NAME	DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Are there currently any communicable disease outbreaks?
 Are there any safety concerns (neighborhood safety, bed bugs, lice)?
 Do any clients work for your agency?
 Does the agency loan money to clients?
 How do you make sure shared expenses are completed equitably/timely?
 Are any agency funds combined with client funds?
 How do you handle cash accounts and client credit / debit / gift cards?
 Are there any stolen, lost, or damaged records?
 How do you maintain property records?
 Do persons who are not clients live with clients? If so, do you provide support to non-clients?
 How do you notify DDA of accounts over \$1700 and when clients pay for health services?
 Do you support any non-CPP clients with CP Clients? If yes, is there Non-CPP client approvals?
 What is your policy on staff following Mandatory Reporting?
 Any irregularities (issues / theft / staff, etc.) that would be helpful for us to know about?
 Who is your Resource Manager?
 Verify client sample, addresses, and verify when they will be home with staff:
 Will any clients be upset by our visit?

Notes

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Provider Insurance	
Total Number of vehicle(s) owned by provider: Are agency vehicles insured? <input type="checkbox"/> Yes <input type="checkbox"/> No (notify FM if no insurance) Name of insurance agency: _____ Expiration: _____	
Agency Insurance – two million coverage or 3 million coverage for CPP providers? <input type="checkbox"/> Yes <input type="checkbox"/> No (notify FM if no insurance) Name of insurance agency: _____ Expiration: _____	
Infection Prevention and Control (IPC) Provider Information; explain in Notes any answer marked “No.”	
Are there written Infection Control Policies and Procedures to prevent the spread of infection:	
<ul style="list-style-type: none"> • Standard precautions <input type="checkbox"/> YES <input type="checkbox"/> NO • Transmission based precautions <input type="checkbox"/> YES <input type="checkbox"/> NO • Reference to national, state, and/or local standards..... <input type="checkbox"/> YES <input type="checkbox"/> NO • Outbreak management..... <input type="checkbox"/> YES <input type="checkbox"/> NO 	
Respiratory Protection Program (only required for GH or GTH, or if in Provider Policy) <input type="checkbox"/> N/A	
<ul style="list-style-type: none"> • Written program..... <input type="checkbox"/> YES <input type="checkbox"/> NO • Medical evaluation to wear an N95 respirator <input type="checkbox"/> YES <input type="checkbox"/> NO • Training (annual and on hire) <input type="checkbox"/> YES <input type="checkbox"/> NO • Fit testing (initial, annual, after physical change) <input type="checkbox"/> YES <input type="checkbox"/> NO • Record keeping (medical clearance, training, fit test results) <input type="checkbox"/> YES <input type="checkbox"/> NO 	
Sick Leave Policies – non-punitive, flexible, requires ill staff to stay home <input type="checkbox"/> YES <input type="checkbox"/> NO	
Contingency Staffing Plans – how homes are staffed during a crisis <input type="checkbox"/> YES <input type="checkbox"/> NO	
Staff and Client Education to prevent the spread of infection <input type="checkbox"/> YES <input type="checkbox"/> NO	
IPC Supplies – provider ensures:	
<ul style="list-style-type: none"> • Personal Protective Equipment (PPE) supplies in each home for clients, staff, and visitors (gowns, masks, gloves) <input type="checkbox"/> YES <input type="checkbox"/> NO • Alcohol Based Hand Rub (ABHR) and hand hygiene products available for clients, staff, and visitors..... <input type="checkbox"/> YES <input type="checkbox"/> NO • Environmental Protection Agency (EPA) registered products and cleaning of high touch areas..... <input type="checkbox"/> YES <input type="checkbox"/> NO 	
Notes	
IPC Resource Links	
<ul style="list-style-type: none"> • Standard Precautions • Centers for Disease Control (CDC) Return to Work Guidance for Healthcare Workers • Outbreak definition • Respiratory Protection Program • Washington State Local Health Departments and Districts • ALTSA Provider / Administrator Letters 	

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ATTACHMENT O



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
 RESIDENTIAL CARE SERVICES
 CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

CCRSS Group Training Home (GTH)
General Environment and Safety Worksheet

Observations of the environment occur throughout the certification evaluation process.

DATE OF OBSERVATIONS	TIME OF OBSERVATIONS
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A. Quality of Life / Client Rights

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was there accessible telephone equipment and list of emergency contact numbers? (101D-0170)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the environment homelike? (101-3020, 823-1095)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were audio monitors used appropriately?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door / window alarms?

B. Environment

WAC 388-101D-0170, 0585, 0590, 0595, 0600, 0610

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction changes or significant structural changes to the home since most recent certification evaluation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixtures, furnishings, and exterior are safe, sanitary, and well-maintained?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot surfaces, such as fireplace, wood-burning or pellet stove have a stable barrier?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs / handrails / ramps / walkways in good repair?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clear of clutter that could be hazardous to clients?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door / windows unblocked?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free of pests?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flammable / combustible materials safety stored?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yard free of garbage / refuse?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free of unsanitary conditions (mold, mildew, etc.)

C. Bathrooms

WAC 388-101D-0570

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks with hot and cold running water?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct access to toilet and shower?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets (1:5 ratio)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate lighting?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grab bars?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe and clean?

D. Safety

WAC 388-101D-0605, 0615, 0620, 0625

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual inspection by the state fire marshal (optional if the GTH was an ALF 01/01/2019)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke detectors in every client's bedroom; on every floor of home, and interconnects so when one alarm is triggered, the whole system reacts? N/A if annually inspected by state fire marshal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke detectors in working condition and meet the needs of the specific clients? N/A if annually inspected by state fire marshal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers (5 lb. 2A; 10B-C) on each floor of the home, installed to manufacturer's recommendations, annually replaced or inspected and serviced, in working order? N/A if annually inspected by state fire marshal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency evacuation plan posted in a common area on every floor that displays clearly marked exits, evacuation routes and location for clients to meet outside the home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency food and drinking water supply to meet needs of clients and staff for 72 hours and meets the dietary

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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> needs of each client? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does a fence at least 48 inches high enclose bodies of water over 24 inches deep? Is there a door or gate that leads to the bodies of water with an audible alarm? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pets: proof of current rabies vaccinations? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medications secured?			
E. Water Temp: Check two locations (if either check is >120°F, re-check locations over 120°F or indicate allowed by PCSP)			
Kitchen Temperature: °F Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Kitchen Temperature: °F Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Bathroom Temperature: °F Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Additional location descriptor if needed:		Bathroom Temperature: °F Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Additional location descriptor if needed:	
Is water temperature allowed >120°F in PCSP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
F. Infection Prevention and Control (IPC)			
Yes	No	N/A	Observe staff are following and encouraging clients to follow standard precautions (select N/A for anything not observed.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand hygiene (technique, before and after care, availability of alcohol-based hand rub or sink with soap and water)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate staff use of PPE (gloves for bodily fluids and contact precautions, gowns, correct donning and doffing)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory hygiene / cough etiquette (availability of tissues, trash, cover cough and sneezes)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client placement (isolation)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning and disinfecting care equipment and environment (correct technique, timing, appropriate produce use)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe laundry and textile handling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe injection practice (clean and disinfect designated area before piercing, new needle, syringe for containers)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharps safety (dedicated clearly labeled sharps container, container replaced before overfilling)
For any observation marked "No" on the IPC section, interview staff and, if possible, client.			
Interview date / time/ name:			
What is your training?			
What is the reason standard Precautions were not followed?			
What do you do to prevent the spread of infection?			
G. Notes			

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AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
RESIDENTIAL CARE SERVICES
CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

ATTACHMENT Q

CCRSS Certification Evaluation Exit Preparation / Exit Conference

Date: _____ Time: AM PM Location: Teams In provider office
 Administrator / Designee present (Designee's name: _____)

Introductions

Thank the provider and staff for everyone's cooperation during the evaluation.
 The purpose of the exit conference is to provide information about any preliminary deficiencies. We may still need to gather further information following the on-site visit. If additional information is discovered after this meeting that impacts what is discussed today, we will call you prior to receiving the written report. Any issues that arise during the exit that cannot be answered by the evaluators during the exit conference will be forwarded to the RCS FM for follow up.

Notes:

Sampled Clients

During the evaluation, we take a representative sample of clients with varying levels of needs and supports. This helps us to obtain an accurate picture of your overall performance and compliance. Identify the sampled clients

Notes:

Preliminary Deficiencies (include client / staff names or identifier, summary of the issue and WAC / RCW)

Next Steps

- Please send any requested information to evaluator(s) (provide time frame – ideal within 24 hours, no later than seven calendar days after exit)
- Explain:
 - Process and timeframes for RCS management review / approval of SOD
 - A SOD report will be sent within 10 working days of the last date of data collection (not the exit date)
 - Submission process and timelines to submit plan of correction (POC)
 - A POC is not required for consultations.
 - Provider responsibility to initiate POC, even if planning to request IDR.
 - IDR process, which will also be included on the final report.
- A follow-up **may** occur.

Notes